DSH Survey – Frequently Asked Questions

Note: Questions and responses are sorted by section of the survey, with the date posted to the DCH web site listed for each item.

General Information	
	No questions to date

Part A: Summary of Inpatient Days, Payments and Charges Attributable to Patients Eligible for Medical Assistance	
	No questions to date

Part B: Cash Subsidies for Patient Svcs. Received Directly from State/Local	
Government	
12-16-2005	Question 1 – If a hospital receives funds from a trust using proceeds from the sale of a public hospital, should such funds be included? Response – If the trust is operated as or controlled by a local government unit and if the funds are intended to support patient services, include the amount received in the amount reported for this item.
12-16-2005	Question 2 – Should funds received from the State as a small hospital grant be reported? Response – If the funds are designated to support direct patient services, funds received should be reported. If the funds are designated for equipment or other capital expenditures, since the funds would not be intended for direct patient services, such amounts should not be reported.
12-16-2005	Question 3 – Should funds received from an out of state unit of government be reported? Yes, if the funds are designated to support direct patient services.
12-16-2005	Question 4 – Should SPLOST funds be reported? Response – If the funds are intended to support capital expenditures and not direct patient services, such amounts should not be reported.
12-16-2005	Question 5 – Should government grants for medical education of nurses be reported? Response – Since the funds are not intended to support direct patient services, such amounts should not be reported.

Part B: Cash	Subsidies for Patient Svcs. Received Directly from State/Local
Government	
12-16-2005	Question 6 – Should government funding for prescription services to indigent patients be reported? Response – If the prescription services provided are related to a patient's inpatient or outpatient visit, any government funding should be reported. If the prescription services are not related to an inpatient or outpatient visit, such as medicine dispensed from a retail-like pharmacy, any government funding should not be reported.

Part C.1: Cha	Part C.1: Charges and Payments from the Uninsured	
12-16-2005	Question 1 – What date ranges should be used to identify patient transactions?	
	Response – Charges should be reported for services provided during the	
	report period identified at the beginning of the DSH survey. Payments should equal any amounts received for those services between the report	
	period begin date and the "Medicaid Claims Data Cut-Off," also identified at the beginning of the DSH survey.	
12-16-2005	Question 2 – How can uninsured services be identified?	
	Response – Uninsured services are those services provided during the	
	cost report period (as identified at the beginning of the DSH survey) for which no third party payment was received by the date designated as the	
	Medicaid Claims Data Cut-Off. The Medicaid Claims Data Cut-Off is	
	also identified at the beginning of the DSH survey.	
12-16-2005	Question 3 – Should pharmacy services provided during an outpatient	
	visit be reported on line 2 (as Outpatient) or line 7(Hospital-Based Pharmacy Services)?	
	Response – Such services should be reported on line 2. Amounts	
	reported on line 7 would be for services provided in a retail-like	
	pharmacy clinic, with services being provided independent of an	
	inpatient or outpatient visit.	
12-16-2005	Question 4 – Should a hospital's indigent and charity care policies be	
	considered when identifying uninsured patients?	
	Response – No. Uninsured services are identified solely by the absence	
	of payment from a third party payer, without regard to the financial resources of the patient.	

Part C.2: Charges and Payments Received from the Underinsured	
12-16-2005	Question 1 – Can the same services be designated as uninsured (for Part C.1) and underinsured? Response – No. Any service for which no third party payment was received would be uninsured and not included in Part C.2. This section would include information about services for which some third party payment was received for less than charges and for which a portion of the bill was written off as indigent or charity care.

Part C.3: Add	Part C.3: Additional Charitable Based Services Provided Free to the Public	
12-16-2005	Question 1 – Can expenses for physicians that are not hospital based but employed by the hospital be reported in the section? Response – No. The value of such services can be included in Part C.2, line 4.	
12-16-2005	Question 2 – Can ICTF primary care plan services be reported in this section? Response – If the services are provides free to the public as a charitable activity of the hospital, such amounts should be reported.	
12-01-2005	Question 3 – Define Community Services. Response – Services that are charitable hospital activities intended for the general benefit of the community in which a hospital operates.	

Part D: Unduplicated Count of Medicaid Eligible Individuals	
12-16-2005	Question 1 – Can the count of patients include those served at free-standing hospital clinics? Response – No. The patients included should only be those who received inpatient or outpatient services.

Part E: Contractual Adjustment Reconciliation	
12-16-2005	Question 1 – Is it mandatory that amounts be identified for each line item specified? Response – No. It would be sufficient to simply report the hospital and non-hospital portions.

Part F: Bad Debt Expense	
12-16-2005	Question 1 – Would it be sufficient to report the bad debt amount from the hospital's audited financial statements for the DSH survey reporting period? Response – Yes.

Certification	
	No questions to date

Exhibits A and B	
12-16-2005	Question 1 – Should these worksheets be completed when the DSH survey is submitted?
	Response – No. These exhibits are solely provided as examples of the type of information that should be retained at the hospital.